REGION 2000 REGIONAL COMMISSION EMPLOYMENT APPLICATION

An Equal Opportunity Employer -Please print in ink or type-

P.O. Box 817 915 Main Street, Suite 202 Lynchburg, VA 24505 (434)845-3491 FAX: (434)845-3493 www.regcomm.org

Position applying for:				
PERSONAL INFORMATION:				
NAME:			SSN#	
First Middle	Las			
Present addressa:				
Street	City		State	Zip Code
Phone number (Day):				
Are you a current employee or have you worked	-	-	past? Ye	s No If yes, when
Your name when employed (if different):				
Do you have a valid driver's license? Yes	No CDL? Y	es No Endor	sements (if	(any):
Expiration date:	Issuing	state:		
Have you ever been convicted of a: Felony	Yes No	b: Misdemeanor		No
c: Any traffic infraction (moving violation)	Yes No If ye	s, please explain a	and gives da	ates:
(A firing or forced resignation does not automatically employment record may be considered.)	eliminate you from	employment conside	ration. The	circumstances, time elapsed, and
Failure to be completely truthful and a	accurate may cause y	ou to be disqualified	from emplo	oyment consideration.
EDUCATION Do you have a High School Diploma? Yes	No	A GED?	1 from emplo	oyment consideration. No
Failure to be completely truthful and a EDUCATION Do you have a High School Diploma? Yes School: ADVANCED EDUCATION	No	-		-
EDUCATION Do you have a High School Diploma? Yes School:	No	-	Yes Deted etc., or	-
EDUCATION Do you have a High School Diploma? Yes School: ADVANCED EDUCATION Name and Address	No Number of Years	A GED? Degree Comp (BA, BS, MA,	Yes Deted etc., or	No
EDUCATION Do you have a High School Diploma? Yes School: ADVANCED EDUCATION	No Number of Years	A GED? Degree Comp (BA, BS, MA,	Yes Deted etc., or	No
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EDUCATION Do you have a High School Diploma? Yes School: ADVANCED EDUCATION Name and Address College	No Number of Years	A GED? Degree Comp (BA, BS, MA,	Yes Deted etc., or	No
EDUCATION Do you have a High School Diploma? Yes School: ADVANCED EDUCATION Name and Address College	No Number of Years	A GED? Degree Comp (BA, BS, MA,	Yes Deted etc., or	No
EDUCATION Do you have a High School Diploma? Yes School: ADVANCED EDUCATION Name and Address College	No Number of Years	A GED? Degree Comp (BA, BS, MA,	Yes Deted etc., or	No
EDUCATION Do you have a High School Diploma? Yes School: ADVANCED EDUCATION Name and Address College Graduate Work	No Number of Years	A GED? Degree Comp (BA, BS, MA,	Yes Deted etc., or	No

Please list your professional memberships, certifications, designations, licenses, honors, awards, fellowships, etc.:

			aking employment decisions, and will NO d Federal Employment laws and to meet			employment. It is needed for
CHECK	THE APPRO	PRIATE BLOCKS FOR	THE FOLLOWING:			
Sex:	Male	Female	Are you disabled?	Yes	No	
Whi Blac Hisp Asia	te (also includes (also includes (also includes anic (also includes American (also includes American (also includes (also includes (also includes also inclu	ludes persons of Mexican	scent) , and other Carribbeans of African but not , Puerto Rican, Cuban, Central or South Andians, and Pacific Islanders)			culture)
			arn of the most effective way of informin owing as to how you learned of employm			
Com	m a Commission Web er (please spec	site	Telephoned our office Newspaper name of ne			
volu pres exp	unteer expe sent or mos erience ma	rience. List (you met recent position an	ete record of your employment ay limit your experience to the p d working back. Describe your l fairly evaluated. Account for a	past 10 years duties and re) all experience in esponsibilities in	in order, starting with your each position so that your
Name	e of Employ	ver:	Job Title:		Dates Worked	:to
					Full-time	Part-time
Maili	ng address	(including zip code)	Name and title of your imme	ediate	Starting	Final
	8	(supervisor:		Salary:	
	ber of people ription of du	le you supervised: uties:	Reason for leaving:			
Name of Employer:		ver:	Job Title:		Dates Worked:	to
					Full-time	Part-time
Maili	ng address	(including zip code)	Name and title of your imme supervisor:	ediate	Starting Salary:	Final Salary:
			Reason for leaving:			
Desci	ription of di	ittes:				
Name	e of Employ	ver:	Job Title:		Dates Worked:	to
					Full-time	Part-time
Maili	ng address	(including zip code)	Name and title of your imme supervisor:	ediate	Starting Salary:	
	ber of peopl	le you supervised:	Reason for leaving:			

J1 0 1	WPM	May we contact your	Yes	Present	Yes
		former employers?	No	employer?	No
with the Regional Comfor dismissal. I unders Commission and will rauthorize my application upon my ability to prodemployment. I authorize the release of	mission. If such metand that this compact be returned. In on to be viewed by suce documentation of any and all job-re	s application will be sufficient causisstatements or omissions are four pleted application and any materiathe case of a panel interview, we members of the panel. I also und as required by the Immigration and lated information that the Regional now exist or may exist in the future	nd after empals submitte thich may coderstand that desired Naturalization of the commission of the com	bloyment, it may be d with it are the pronsist of non-Comn any offer of emploration Service docum	considered ground roperty the Regiona hission employees, byment is contingen tenting eligibility fo
		Signature:			
Date:					